PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10849552

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN | |
|---|--|---|----------------|------------------------------------|--------------|------------------|-------|--------------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS | | | 27 | | | | | RATE | FEE | 7 | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FE | 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | | | 27 minus 20= | | • 4 | | | XS 9= | | OR | X\$18= | 126 |
| INDEPENDENT CLAIMS | | | minus 3 = | | · Ø | | | X43= | | OR | X86= | 12-4 |
| MI | JLTIPLE DEPE | NDENT CLAIM P | RESENT | | | | | +145= | | OR | +290= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 896 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | ENTITY | OR | OTHER SMALL | THAN |
| AMENDMĘNT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | IER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 26 | Minus | - 2 | 7 | = 0 | | X\$ 9= | | OR | X\$18= | 0 |
| | Independent | . 3 | Minus | (| <i>3</i> | = 0 | . | X43= | | ОЯ | X86= | 0 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 1 | +145= | | OR | +290= | • |
| | • | | | | | | L | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | 0 |
| | | (Column 1) | | (Colum | n 2) | (Column 3) | _ ^ | DUH. PEE | | , , | ADDII. PEE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOU PAID F | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = . | l | X\$ 9= | | OR | X\$18= | |
| | Independent | • | Minus | *** | | = | | X43= | | OR | X86= | |
| ٢ | FIRST PRESE | NTATION OF MU | LTIPLE DE | PENDENT | CLAIM | | | 1.05 | | | | · · |
| | | | | | | | L | +145= TOTAL | | OR | +290= | <u>_</u> |
| | | | | | | . • | A | DIT. FEE | | OR A | DOTT. FEE | |
| _ | | (Column 1) CLAIMS | | (Columi | | Column 3) | | <u> </u> | | _ | | |
| MEN | | REMAINING AFTER AMENDMENT | | NUMBE PREVIOL PAID FO | R | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | * | | • | Г | X\$ 9= | | OR | X\$18= | |
| | Independent | | Minus | *** | <u>i</u> _ | = | | X43= | | | X86= | |
| 1 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | - | | { | OR | | |
| • # | the entry in colur | nn 1 is less than the | entry in colu | rnn 2. write " |)" in colu | mn 3. | Ŀ | 145= | (| DR | +290= | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE | | | | | | | | | | | | |
| T | he *Highest Num | ber Previously Paid | For" (Total or | Independent |) is the h | ighest number | lound | in the appr | opriate box i | in colu | mo`1. | |